

23117

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

Receiving Office use only

PCT/EP 03 / 08 359

International Application No.

29.07.03

International Filing Date

29 JUL 2003

EUROPEAN PATENT OFFICE
PCT INTERNATIONAL APPLICATION
Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) BN 48 PCT

Box No. I TITLE OF INVENTION	
"Vaccinia Virus Host Range Genes to Increase the Titer of Avipoxviruses"	
Box No. II APPLICANT	
<div style="display: flex; justify-content: space-between;"> <div> <p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p> <p>Bavarian Nordic A/S 23, Ved Amagerbanen DK-2300 Copenhagen S Denmark</p> </div> <div> <p>This person is also inventor</p> <p>Rec.date: 11. Sep. 2003</p> <p>Respons.:</p> <p>DUE:</p> </div> </div>	
<p>State (that is, country) of nationality: DK</p>	<p>Telephone No. 0045-33268383</p> <p>Facsimile No. 0045-33268380</p> <p>Teleprinter No.</p> <p>Applicant's registration No. with the Office</p>
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
<div style="display: flex; justify-content: space-between;"> <div> <p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p> <p>Howley, Paul Rose Avenue Glen Waverly Vic 3150 Australia</p> </div> <div> <p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p> <p>Applicant's registration No. with the Office</p> </div> </div>	
<p>State (that is, country) of nationality: GB</p>	<p>State (that is, country) of residence: AU</p>
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p><input type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.</p>	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
<p>The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative</p>	
<div style="display: flex; justify-content: space-between;"> <div> <p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)</p> <p>Alt, Michael Bavarian Nordic GmbH Fraunhoferstraße 18b D-82152 Martinsried Germany</p> </div> <div> <p>Telephone No. +49 89 8565 1337</p> <p>Facsimile No. 49 89 8565 1333</p> <p>Teleprinter No.</p> <p>Agent's registration No. with the Office 0097930</p> </div> </div>	
<p><input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.</p>	

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Meisinger Christine
Guido-Schneble-Straße 66
D-80689 München
Germany

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

DE

State (that is, country) of residence:

DE

This person is applicant for the purposes of:

☐ all designated States

☐ all designated States except the United States of America

☒ the United States of America only

☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

☐ all designated States

☐ all designated States except the United States of America

☐ the United States of America only

☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

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☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

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☐ all designated States except the United States of America

☐ the United States of America only

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Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

☐ all designated States

☐ all designated States except the United States of America

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☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No. V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

Regional Patent

- ☒ **AP ARIPO Patent:** GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line)
- ☒ **EA Eurasian Patent:** AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ **EP European Patent:** AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, HU Hungary, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, RO Romania, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ **OA OAPI Patent:** BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> AE United Arab Emirates | <input checked="" type="checkbox"/> HR Croatia | <input checked="" type="checkbox"/> OM Oman |
| <input checked="" type="checkbox"/> AG Antigua and Barbuda | <input checked="" type="checkbox"/> HU Hungary | <input checked="" type="checkbox"/> PG Papua New Guinea |
| <input checked="" type="checkbox"/> AL Albania | <input checked="" type="checkbox"/> ID Indonesia | <input checked="" type="checkbox"/> PH Philippines |
| <input checked="" type="checkbox"/> AM Armenia | <input checked="" type="checkbox"/> IL Israel | <input checked="" type="checkbox"/> PL Poland |
| <input checked="" type="checkbox"/> AT Austria | <input checked="" type="checkbox"/> IN India | <input checked="" type="checkbox"/> PT Portugal |
| <input checked="" type="checkbox"/> AU Australia | <input checked="" type="checkbox"/> IS Iceland | <input checked="" type="checkbox"/> RO Romania |
| <input checked="" type="checkbox"/> AZ Azerbaijan | <input checked="" type="checkbox"/> JP Japan | <input checked="" type="checkbox"/> RU Russian Federation |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina | <input checked="" type="checkbox"/> KE Kenya | |
| <input checked="" type="checkbox"/> BB Barbados | <input checked="" type="checkbox"/> KG Kyrgyzstan | <input checked="" type="checkbox"/> SC Seychelles |
| <input checked="" type="checkbox"/> BG Bulgaria | <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea | <input checked="" type="checkbox"/> SD Sudan |
| <input checked="" type="checkbox"/> BR Brazil | <input checked="" type="checkbox"/> KR Republic of Korea | <input checked="" type="checkbox"/> SE Sweden |
| <input checked="" type="checkbox"/> BY Belarus | <input checked="" type="checkbox"/> KZ Kazakhstan | <input checked="" type="checkbox"/> SG Singapore |
| <input checked="" type="checkbox"/> BZ Belize | <input checked="" type="checkbox"/> LC Saint Lucia | <input checked="" type="checkbox"/> SK Slovakia |
| <input checked="" type="checkbox"/> CA Canada | <input checked="" type="checkbox"/> LK Sri Lanka | <input checked="" type="checkbox"/> SL Sierra Leone |
| <input checked="" type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> LR Liberia | <input checked="" type="checkbox"/> SY Syrian Arab Republic |
| <input checked="" type="checkbox"/> CN China | <input checked="" type="checkbox"/> LS Lesotho | <input checked="" type="checkbox"/> TJ Tajikistan |
| <input checked="" type="checkbox"/> CO Colombia | <input checked="" type="checkbox"/> LT Lithuania | <input checked="" type="checkbox"/> TM Turkmenistan |
| <input checked="" type="checkbox"/> CR Costa Rica | <input checked="" type="checkbox"/> LU Luxembourg | <input checked="" type="checkbox"/> TN Tunisia |
| <input checked="" type="checkbox"/> CU Cuba | <input checked="" type="checkbox"/> LV Latvia | <input checked="" type="checkbox"/> TR Turkey |
| <input checked="" type="checkbox"/> CZ Czech Republic | <input checked="" type="checkbox"/> MA Morocco | <input checked="" type="checkbox"/> TT Trinidad and Tobago |
| <input checked="" type="checkbox"/> DE Germany | <input checked="" type="checkbox"/> MD Republic of Moldova | |
| <input checked="" type="checkbox"/> DK Denmark | <input checked="" type="checkbox"/> MG Madagascar | <input checked="" type="checkbox"/> TZ United Republic of Tanzania |
| <input checked="" type="checkbox"/> DM Dominica | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input checked="" type="checkbox"/> UA Ukraine |
| <input checked="" type="checkbox"/> DZ Algeria | <input checked="" type="checkbox"/> MN Mongolia | <input checked="" type="checkbox"/> UG Uganda |
| <input checked="" type="checkbox"/> EC Ecuador | <input checked="" type="checkbox"/> MW Malawi | <input checked="" type="checkbox"/> US United States of America |
| <input checked="" type="checkbox"/> EE Estonia | <input checked="" type="checkbox"/> MX Mexico | |
| <input checked="" type="checkbox"/> ES Spain | <input checked="" type="checkbox"/> MZ Mozambique | <input checked="" type="checkbox"/> UZ Uzbekistan |
| <input checked="" type="checkbox"/> FI Finland | <input checked="" type="checkbox"/> NI Nicaragua | <input checked="" type="checkbox"/> VC Saint Vincent and the Grenadines |
| <input checked="" type="checkbox"/> GB United Kingdom | <input checked="" type="checkbox"/> NO Norway | <input checked="" type="checkbox"/> VN Viet Nam |
| <input checked="" type="checkbox"/> GD Grenada | <input checked="" type="checkbox"/> NZ New Zealand | <input checked="" type="checkbox"/> YU Serbia and Montenegro |
| <input checked="" type="checkbox"/> GE Georgia | | <input checked="" type="checkbox"/> ZA South Africa |
| <input checked="" type="checkbox"/> GH Ghana | | <input checked="" type="checkbox"/> ZM Zambia |
| <input checked="" type="checkbox"/> GM Gambia | | <input checked="" type="checkbox"/> ZW Zimbabwe |

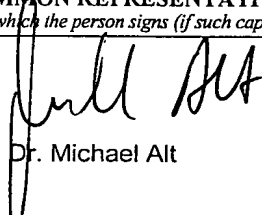
Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:



Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

See Notes to the request form

Box No. IX CHECK LIST; LANGUAGE OF FILING

This international application contains:		This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):		Number of items
(a) in paper form, the following number of sheets:				
request (including declaration sheets)	5	1. <input checked="" type="checkbox"/> fee calculation sheet		1
description (excluding sequence listings and/or tables related thereto)	32	2. <input checked="" type="checkbox"/> original separate power of attorney		2
claims	4	3. <input type="checkbox"/> original general power of attorney		
abstract	1	4. <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any: 45918		1
drawings	7	5. <input type="checkbox"/> statement explaining lack of signature		
Sub-total number of sheets	49	6. <input checked="" type="checkbox"/> priority document(s) identified in Box No. VI as item(s):		1
sequence listings	4	7. <input type="checkbox"/> translation of international application into (language):		
tables related thereto		8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material		
(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)		9. <input checked="" type="checkbox"/> sequence listings in computer readable form (indicate type and number of carriers)		
Total number of sheets	53	(i) <input checked="" type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application):		1
		(ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter		
		(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listings mentioned in left column		
		10. <input type="checkbox"/> tables in computer readable form related to sequence listings (indicate type and number of carriers)		
		(i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application)		
		(ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater)		
		(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column		
		11. <input type="checkbox"/> other (specify):		
Figure of the drawings which should accompany the abstract:		Language of filing of the international application:		English
Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE				
Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).				
Martinsried, July 25, 2003		 Dr. Michael Alt		

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1. Date of actual receipt of the purported international application:	2. Drawings:		
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	<input checked="" type="checkbox"/> received:		
4. Date of timely receipt of the required corrections under PCT Article 11(2):	<input type="checkbox"/> not received:		
5. International Searching Authority (if two or more are competent): ISA /	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid		

Date of receipt of the record copy by the International Bureau: